

FILED OCT 14 1945
Registration District No. _____

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town JACKSON K.O. Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1625 1/2 Montgall
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 yrs 2 mo years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 47
(c) City or town KANSAS CITY MO
(If outside city or town limits, write "RURAL")
(d) Street No. 1625 1/2 MONTGALL
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME TILMON HICKS

3. (b) If veteran, name war No 3. (c) Social Security No. 4-29-20-6602

4. Sex MALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ROSIE 6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased SEPT 18-1915
(Month) (Day) (Year)

8. AGE: Years 29 Months 11 Days 28 If less than one day
hr. _____ min. _____

9. Birthplace ARK
(City, town, or county) (State or foreign country)

10. Usual occupation PACKING HOUSE

11. Industry or business _____

12. Name RILEY HICKS

13. Birthplace ARK
(City, town, or county) (State or foreign country)

14. Maiden name OZELLA LEWIS

15. Birthplace 1625 1/2 MONTGALL MO
(City, town, or county) (State or foreign country)

16. (a) Informant GETTIE A LEWIS OWENS

(b) Address 1625 1/2 Montgall

17. (a) Burial (b) Date thereof 9-19-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland

18. (a) Signature of funeral director Edna Greenstreet

(b) Address 1819 E. 15th Str K. C. Mo.

19. (a) 7-18-45 (b) Bernadine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day _____
year 1945 hour 7:55 minute 0 M.

21. I hereby certify that I attended the deceased from Sept. 10, 1945, to Sept 16, 1945
that I last saw him alive on Sept 16, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Perforated Peptic ulcer
Duration 3

Due to _____

Due to 117a

Other conditions Typhemia
(Include pregnancy within 3 months of death)

Major findings: Of operations no operation

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury 0

23. Signature E. Tillman (M. D. or other) M.D.

Address 1618 Lydia Date signed 9/22/45

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

SEP 12 1946

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *W. G. Flynn*.....

Licensed Embalmer No. *4383*

P. O. Address. *1819 E. 15th - K.C. Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.